



# CONNECTICUT PHYSICAL THERAPY ASSOCIATION

A COMPONENT OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

15 NORTH RIVER ROAD, TOLLAND, CT 06084

(860) 246-4414 • FAX (860) 656-9069

[www.ctpt.org](http://www.ctpt.org)

*Joan-Alice Taylor, PT President*

*Craig Denegar, PT Vice President*

*Nancy Craven, PT Secretary*

*Joan Pinney, PT Treasurer*

*Maryclaire Sullivan Capetta, PT Chief Delegate*

*James Leahy, CAE Executive Director*

**Testimony of  
Vic Vaughan, PT, DPT, MS, OCS  
Member, Public Policy Committee  
CT Physical Therapy Association**

**In support of  
H.B. No. 5529 An Act Concerning the Definitions of Medical Necessity**

**Before the Joint Committee on Public Health  
March 14, 2014**

Chairperson Gerratana, Chairperson Johnson, Members of the Public Health Committee. My name is Victor Vaughan and I am a member of the Public Policy Committee for the Connecticut Physical Therapy Association.

First, I would like to thank the Committee for allowing us the opportunity to testify on this issue. The definition of medical necessity and its impact on when and how we are able to care for our patients has long been an issue for physical therapists. We believe that many current standards do not account for care that is critically important to a patient's long-term health.

We strongly support the Committee's insertion of language to require the assessment of the individual as a factor in the determination of medical necessity. We would go further, with regard to physical therapy, to ask that it clearly be identified that when determining medical necessity that the degree to which any one of the following stated goals has been achieved must be considered: to improve function, minimize loss of function, or decrease risk of injury and disease. As physical therapists our primary focus is the restoration of function. Therefore, it is important that any definition of medically necessary care include the concept of restoring people to their maximal functional level. We continually run into the utilization of measures to determine "medical necessity" that require discontinuing care on a patient who still has functional limitations that will almost certainly lead to continued or longer-term health problems.

I have had patients where further care was denied by a utilization review company based on a lack of medical necessity. The definitions for medical necessity were based on criteria this company had established that in essence declared that when the patient had achieved 80% of normal in strength, range of motion, pain levels, gait or balance that the further care was not medically necessary. One patient in particular was repeatedly denied due to reaching these criteria and because she was not progressing fast enough. She is a person with multiple sclerosis that affected the right side of her body. She had great difficulty walking and utilized a cane for her ambulation. While this patient did have relatively normal range of motion, she had significant weakness



# CONNECTICUT PHYSICAL THERAPY ASSOCIATION

A COMPONENT OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION

15 NORTH RIVER ROAD, TOLLAND, CT 06084

(860) 246-4414 • FAX (860) 656-9069

[www.ctpt.org](http://www.ctpt.org)

*Joan-Alice Taylor, PT President*

*Craig Denegar, PT Vice President*

*Nancy Craven, PT Secretary*

*Joan Pinney, PT Treasurer*

*Maryclaire Sullivan Capetta, PT Chief Delegate*

*James Leahy, CAE Executive Director*

in her right leg and pain in her hip which created very significant limitations in her balance, gait, ability to shop, walk at work and sleep comfortably. Her functional measures showed that she was a significant fall risk. In spite of these measures she had reached the 80% threshold for her criteria and was not progressing rapidly enough for the UR company and was denied further care. Appeals for further authorization failed and she could not afford to pay out of pocket for continued care so her care was discontinued for over 1 year. Unfortunately she then sustained some falls during that time. She also had continued pain, difficulty walking, shopping and great difficulty moving around at work. She has since returned to us with an improved benefit that has allowed more care. Over this course of care she has improved substantially, eliminated her pain, improved all the above mentioned measures and is walking and moving substantially better. Unfortunately this took 2 years to resolve when it might have been resolved initially if the appropriate definition of medical necessity was applied.

One concern we have with the bill is the elimination of all reference to peer reviewed scientific standards, when determining medical necessity. While we believe that some groups use dated research to justify discontinuing care, we believe the use of current peer reviewed evidence is a legitimate standard for care. In that vein, the existing statute could be amended to require current peer-reviewed evidence to set that standard.

Again, we thank the Committee for allowing us the opportunity to testify on this important issue. I look forward to working with you on this and other issues as the session progresses.



American  
Physical Therapy  
Association